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ORIGINAL ARTICLES.

THE THIRD CORPUSCLE OF THE BLOOD.

BY WILLIAM OSLER, M.D., F.R.C.P. LOND.,

PROFESSOR OF THE INSTITUTES OF MEDICINE IN MCGILL COLLEGE, MONTREAL.

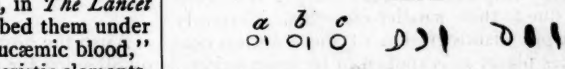
IN addition to the red and white corpuscles, there are in the blood granular bodies of various size, from that of a red corpuscle to masses ten to twenty times as large. These were first described by Max Schultze, and they may be called very appropriately, as I have been in the habit of doing for years, "Schultze's granule masses." In healthy adults they are not abundant as a rule, though exceptionally in persons in apparently good condition they abound. In all cachectic states the granule masses are large and numerous. They form notable features in blood specimens from cases of chronic phthisis, cancer, and wasting diseases generally; also in leukæmia and symptomatic anæmia; but it is not a little remarkable that in pernicious anæmia they are scanty, or even absent. In the lower animals the masses are met with in variable numbers. The blood of the young contains them in larger proportion than in adults. The new-born rat, kitten, rabbit, or guinea-pig may be used with advantage for their study. So common are they in the blood of hospital patients that it is not to be wondered at if mistakes have arisen concerning the signs of their presence in certain diseases. Thus, in *The Lancet* a few years ago, a gentleman described them under the heading of "a new feature in leucæmic blood," regarding them as specific or characteristic elements.

I have been told of a somewhat prominent London physician, connected with one of the special hospitals for chest diseases, who found them so constant in the blood of phthisical patients that he regarded them as peculiar to the disease, until advised by a colleague of their wide distribution. The most extensive observations upon their presence in disease were made by Dr. Reiss.[1] The common opinion regarding them has been that they represent degenerated white blood-corpuscles, or a granular detritus resulting from their decay. I first showed that they were composed of distinct corpuscles, and that the masses did not preëxist in the blood, but were formed at the moment of withdrawal by the aggregation of the corpuscles. At the edges of large groups, the disk-like corpuscles can be distinctly seen, and in the sulphate of soda solution, such as used for mixing the blood in hæmocytometer work, the corpuscular nature of the masses is quite clear. But what led me to this point was the fact of the impossibility of supposing that masses of the size of some of these could pass through the capillaries. Reiss felt the same difficulty, and suggested that in some cases they might produce embolism. In the blood of the new-born rat they are most abundant, and the subcutaneous tissue was employed to investigate the condition of the masses within the vessels. It was then found that they do not preëxist as aggregations in the blood, but are in the form of isolated corpuscles floating free with the other forms. By far the simplest way of demonstrating the isolated corpuscles in the vessels is to snip a small bit of the subcutaneous tissue from a young rat, and examine in salt solution.

In a small artery or vein, there will be seen with the red and white cells small, pale corpuscles about one-fourth the size of the red ones, often in extraordinary numbers (Fig. 1). A drop of blood from the tail of the same animal will show numerous granule masses, at the edges of which the corpuscles can be seen. The corpuscles swell in water, and become pale: dilute acetic acid renders them more distinct; they stain with carmine and methyl-violet. The corpuscles are discoid, pale, structureless (Fig. 2),

FIG. 1.

FIG. 2.



and often undergo peculiar alterations in shape, elongating or presenting two or three fine hair-like extensions. They measure from $\frac{1}{8000}$ to $\frac{1}{12000}$ of an inch. The largest I have measured was $\frac{1}{5000}$; and the smallest are from $\frac{1}{15000}$ to $\frac{1}{20000}$.

The facts above given are from my paper before the Royal Society in 1874, which was published in the *Proceedings* for June 18th of that year. A considerable part of that communication was taken up with describing the changes in form which the corpuscles undergo when kept for some hours at the temperature of the body, and examined in blood-serum; but the corpuscles were described and figured, and a true explanation given of the structure and formation of Schultze's granule masses. These bodies are undoubtedly the same as those described by Zimmerman[1] as elementary corpuscles which he found when blood was let flow into a solution of a neutral salt; after the subsidence of the colored elements, the supernatant serum contained, in extraordinary numbers, small, round, colorless corpuscles with weak contours.

[1] Reichert u. DuBois Reymond's Archiv, 1872.

[1] Virchow's Archiv, Bd. xviii.

In 1877–79, Hayem, of Paris, investigated these bodies very carefully, and by special modes of preparation and examination was enabled to isolate them and prevent their aggregation into masses. He called them hæmatoblasts and believed that they represented embryonic red corpuscles.

From this time on, until last year, little or nothing new concerning these bodies is met with in medical literature, when in a series of papers in the *Centralblatt f. d. medicinischen Wissenschaften*, and more fully the November number of Virchow's *Archiv* (Bd. xc.), Prof. Bizzozero, of Turin, described anew the corpuscles and advanced important views concerning their connection with the process of thrombosis and coagulation. His account of the corpuscles, which he calls "Blutplättchen" (blood-plates), differs in no essential particular from that which I had already given, and his figure of them in a small bloodvessel (Pl. V., Fig. 2, Virchow's *Archiv*, Bd. xc.) is similar to my original one reproduced here in Fig. 1. The observations upon the connection of the corpuscles with thrombus formation are novel and important. When a vessel-wall is injured, or when any foreign body is introduced, the earliest observable phenomenon is the collection of the blood-plates on the wounded spot or on the foreign substance. The white corpuscles appear later and are much less numerous. The blood-plates rapidly change, becoming fused or united together and converted into a granular substance, and this dissolution or disintegration appears intimately associated with fibrin formation. In a portion of a vessel sutured between two ligatures the blood remains fluid so long as the blood-plates retain their normal form and appearance.

The influence which Schmidt and others attribute to the white corpuscle in coagulation, Bizzozero believes is due to these smaller elements. Certainly no such rapid disintegration of the colorless corpuscles takes place, as is spoken of by some writers. Under favorable conditions they may retain their vitality, as shown by amœboid movements, for twenty-four or thirty-six hours after withdrawal, and many hours after coagulation has occurred. If freshly-drawn blood is whipped with a bundle of threads, the "blood-plates" first adhere to them, and afterwards a few white and red corpuscles. If the threads are then, before fibrin is deposited, washed in salt solution, they will, when placed in a suitable liquid (proplastic of Schmidt), induce coagulation, which, as Bizzozero has shown by other experiments, cannot be attributed to the few red or white corpuscles adhering to the threads. Several facts have come under my observation which corroborate the views of the learned Italian professor. I have been struck with the density and richness of the fibrin network in blood specimens in which Schultze's granule masses were abundant. As is well known, the distinctness with which the fibrin filaments can be seen in blood slides varies very much, and I think the variations will be found to have a close connection with the abundance or paucity of these elements. As one watches the process of coagulation, the filaments first seen are invariably in association with small granules—which represent disintegrated blood plates—or larger Schultze's masses. In cases of extensive atheroma of the aorta, the thrombi which form in the small breaches of the intima may consist entirely of these corpuscles, and in aneurisms they occur on the surface of the fibrinous laminæ. So, also, in the vegetations of endocarditis, these little corpuscles are found associated with the fibrin layers so commonly deposited in these structures.

So far as I can make out, the corpuscles here described are different from the invisible corpuscles of Professor Norris, of Birmingham. The origin of the corpuscles remains a problem—one of many connected with the blood which await solution at the hands of histologists.

To conclude: 1st. There is in mammalian blood a third corpuscular element, one-eighth to one-half the size of the red corpuscle. It can be clearly seen in the bloodvessels of the living animal or in the vessels of freshly removed bits of tissue. It may be called appropriately the third corpuscle, or "blood-plate," though the latter expression is not a very satisfactory one.

2d. In blood withdrawn from the vessels these corpuscles aggregate together and form the well-known granule masses in which the corpuscles rapidly degenerate and lose their outlines. These masses, first described by Max Schultze, should be known by his name.

3d. There is evidence to show that the third corpuscle plays an important *rôle* in coagulation.

THE USE OF THE OLEATE OF ACONITIA AS A LOCAL ANODYNE.

BY HOWARD A. KELLY, M.D.,
OF PHILADELPHIA.

AMID the hosts of claims continually being urged on all sides for remarkable specific effects from the use of various drugs, principally new, I have long hesitated before publishing any observations of my own not based upon extended experience. But the effects obtained from the external use of the oleate of aconitia in the following case are so remarkable that I feel justified in presenting them. The results noted in this case tally so exactly with the well-known physiological action of the active ingredient of the salt (aconitia), that its usefulness in the particular instance before us might readily have been inferred on the strong basis of *à priori* reasoning; there is, therefore, the greater hope that its value in all similar cases may approach that of a specific effect—*i. e.*, under like circumstances producing identical results.

While a resident in the Episcopal Hospital, in 1882, Dr. W. H. Bennett, then chief of the medical wards, put into my hands a pamphlet published by Dr. Squibb, of Brooklyn, giving a detailed account of the preparation of the various oleates, and at his instance I secured several of the preparations, and used them in the wards with the view of determining their therapeutic value. After many trials in all sorts of atypical cases, with varying success, the case about to be recorded was made the

subject of a test of the value of the oleate of aconitia with most gratifying results.

I had admitted a short time previously a man of about forty years of age, with a large, rapidly growing aneurism of the ascending arch of the aorta. At first, the tumor could be distinctly seen pulsating in the first and second intercostal spaces of the right chest, above the clavicle, and above the sternum as big as a hazelnut. Within two months, it had grown to the size of a cocoanut, bulging from the right upper chest, a large, dusky-red, pulsating tumor, displacing ribs and sternum, which could not be found, and occupying the whole right side of the neck, tilting the head to the opposite side, and rendering it almost immovable.

All the ordinary signs common in such aggravated cases were present; the voice was suppressed and hoarse, and a paroxysmal cough and severe attacks of dyspnœa frequent. The breathing was never whistling, nor were any auscultatory sounds heard suggestive of a limited constriction of a large bronchus. The right pupil was smaller than the left, but the difference was no greater than I have very frequently observed in the healthy subject, or could at the time demonstrate in at least a dozen various cases in the ward.

The rapid growth of the tumor was accompanied by agonizing, tearing, clawing, and burning pains, occurring in paroxysms at any time of the day or night, and lasting for hours at a time. The pain was chiefly localized over the shoulder, the outer and posterior aspect of the arm, and the right side of the neck, extending up in front of the ear.

The palliative effect of two or three drops of the oleate of aconitia, of two per cent. strength, gently diffused over this area, was absolute. Paroxysms coming on were checked, and fully developed paroxysms were instantly arrested. In from five to eight seconds after the application, he felt a pricking "like pins and needles," and in twenty seconds the pain had disappeared, leaving a slight numbness.

The poor fellow's enthusiasm for the drug was well expressed one day when, as I was entering the room, he cried out: "Oh, Doctor, I was just praying you would come, and bring those drops." And during my absence, he was extremely solicitous that "the other Doctor" should know just where to find them in case of need. The results were as complete and satisfactory with the last application as with the first.

I cannot assert that the pains returned less frequently after the use of the drug, but the relief afforded by a single application lasted for hours, or until a new paroxysm developed. No constitutional effects were ever observed in this or any other case under my charge, although six, eight, or ten drops were at times used.

I have heard eminent authority declare (and prove by his practice that he believed) that *electro-puncture* was justifiable in these cases, if on the sole ground of its partial palliative effect to the distressing pains. If that is *all* we are to expect from electro-puncture, what a valuable substitute we may have here.

This patient died finally in a paroxysm of dyspnœa, without any rupture of the sac. At post-mortem examination the lost ribs were found eroded and enclosed with the thick sac wall, the sternal extremity of the clavicle was found in detached, honeycombed pieces at various points in the anterior wall, while the remainder of the clavicle projected free into the interior of the sac. The whole brachial plexus was surrounded with hardened masses of inflammatory thickening, and included within the posterior wall of the sac.

The cases in which the oleate of aconitia has found its greatest use have been well-marked examples of trifacial neuralgia, and the following, under the care of my friend, Dr. Geo. E. de Schweinitz, in which he made use of a few drops of this drug, which I gave him at his request, is in every way so satisfactory that it is well worth adding to the list.

He furnishes me with notes to the following effect. A widow, of about thirty-five years of age, had suffered extremely for two years from well-marked attacks of tic douloureux, occurring four or five times every month. She had been under all manner of recognized appropriate treatment, including, iron, arsenic, strychnia, phosphorus, belladonna, quinine, iodide of potassium; electricity, epispastics, rubefacients and anodyne applications were also faithfully pushed. Under the continued use of phosphorus and nux vomica, with the instillation of a solution of eserine, a half grain to the ounce, into the eye, for an unaccountable increase of tension, the disease was markedly controlled, attacks recurring not oftener than once a month. Nevertheless, their severity was not diminished, and in two of these attacks the oleate of aconitia was used, and complete relief was afforded in from three to five minutes by three drops of the two per cent. solution gently rubbed into the skin. The result was most satisfactory to Dr. de Schweinitz, and to the patient appeared little less than magical.

323 SOUTH SEVENTEENTH STREET.

TREATMENT OF DENUDED SURFACES.

BY M. H. CRYER, M.D., D.D.S.,
OF PHILADELPHIA.

SOME twenty years ago, it was noticed by horsemen that when race-horses were chaffed or galled by saddle or otherwise, ointments and other applications very often failed to restore the skin to the affected parts. For this purpose, the best remedy was found to be the dust which collects upon the curry-comb during the cleaning of a healthy animal, blown thickly into the sore.

During the past summer, fresh evidences of the efficacy of this treatment have been brought to our attention in such a manner as to merit notice. One case specially should be mentioned, that of a horse with a large discharging abscess just below the crest of the right ilium. After curing the abscess and fistula, it was found that the parts at the opening had so sloughed away as to leave a space some three and a half by four inches in diameter uncovered by skin. The owner having made several

unsuccessful attempts to get the parts to heal over, thought he would have to resort to skin-grafting, the surface being in a healthy plastic condition.

Before resorting to this expedient, however, the treatment above spoken of was brought to his attention. Having other horses in his stable in perfect health, it was suggested that the epithelial cells from these, being almost pure, would, no doubt, accomplish a cure. After cleaning these horses, therefore, the dust from the currycomb was thickly blown into the uncovered ulcer two or three times a day, forming a temporary covering of almost pure dermoid tissue. The animal salts in the dust acted as a stimulant and astringent, and in two days after the first application, there was marked improvement around the edges of the parts affected. In twenty days, the parts were covered with new skin on which there were evidences of a copious growth of hair, which has now—two months from the beginning of treatment—attained almost the normal growth and appearance.

A modification of this treatment may be of benefit in restoring denuded parts caused by ulcers, burns, etc. It is certainly worthy of a trial. We are assured of a successful issue in minor cases, and we should not hesitate to apply it in even graver lesions, where skin-grafting is usually demanded.

It is safe to conclude, from the number of cases brought to our attention of a similar character, that the apparently dead dermoid cells either become in part revivified by being brought into contact with the highly plastic material of the ulcer, or produce a covering to the young formative material of the skin so nearly natural as to induce their full physiological action.

REMOVAL OF AN EXTRA-VESICAL URINARY CALCULUS.

BY JAMES L. DICKEN, M.D.,
OF LA FONTAINE, IND.

I WAS consulted on the 22d day of October, 1882, by I. F., of German parentage, born in the United States, aged thirty-three years, height five feet ten inches, weight 225 pounds; stout, robust, and healthy, and a blacksmith by occupation, who represented that, when seven years old, he was in an edge-tool shop, and was standing near a grindstone, which was in motion, and operated by his father, that the crank caught in his pantaloons near his privates, and before his father could throw the belt in order to stop the motion of the stone, he was thrown several times around, lacerating the parts, and tearing the penis entirely away from the body. He said the wound healed after throwing off some gangrenous sloughs, leaving the scrotum and testicles in a normal condition, as evinced by his sexual propensities being as vigorous as usual.

For a time, the urine passed out through the wound, but finally a fistulous opening made its appearance about one inch above and a half inch to the right of the wound, when the urine ceased passing through the wound, and had ever since passed through this fistulous opening.

At the site of the wound was a cicatrix which gave no signs of a penis ever having been attached at that point. Situated above this fistulous opening, and extending over and above the pubes, apparently beneath the skin and superficial fascia, was a calculus, apparently about the size of a turkey's egg.

A sound could not be made to enter the bladder from the opening through which the urine passed, but the calculus could be distinctly felt. He had entire control of his urine—could retain or void it at will.

He was exceedingly anxious not only to have the stone removed, but to have also a protuberance or kind of artificial penis formed, through which he could pass his urine without subjecting himself to the annoyance or inconvenience of having to use a tube to carry the urine away from his person every time he had occasion to micturate. I unhesitatingly promised to remove the stone, and to do what I could in relieving him of his inconvenience in urinating.

Accordingly, on the 25th day of October, 1882, in the presence of and assisted by Drs. N. W. Scott and C. L. Dicken, I performed the operation. The hair was closely shorn from the pubes, after which he was anæsthetized with chloroform and ether.

I then made two parallel incisions four inches long, and one inch and a half apart, extending from above the pubes down to the point where the penis should have been, connecting them at the top by a ∧ incision. I dissected the strip included between the incisions, together with the tissues between it and the stone down to the point indicated, intending to fold it upon itself, and make an opening near the middle, through which I could pass a catheter, and extend it through the urethra into the bladder, and, after removing the stone, stitch the folded portion on each side around the catheter, leaving it *in situ* to serve as a continuation of the urethra till the edges were entirely united, hoping to form a kind of artificial penis. I intended also, after removing the stone, to bring the parts together from which the strip had been dissected, which I could have readily done, as the integument was quite loose, especially after the stone was removed.

When I had dissected the strip fully down, I was greatly surprised to find beneath the portion removed a full-grown penis, with glans, foreskin, frenum, and meatus, all in their normal condition, with the exception of the penis, which was somewhat shortened from the injury received at the time of the accident, and its cramped position for the last twenty-six years. I removed the stone; cut off the strip that I had intended to make a penis of; passed the catheter into the bladder; drew the penis out around it, and dissected the attachments from the penis which had formed at the time of the injury. I carefully washed out the cavity from which the stone was removed, and brought the parts together by interrupted sutures and adhesive straps, leaving the penis hanging out at the point from which it had been driven twenty-six years previously.

A compress was applied, which was also held down by adhesive straps. The wound healed readily, and in three weeks after the operation, the gentleman came to my office, and exhibited himself, showing that when his penis was erected it was three inches in length, and he was confident that it would yet elongate under proper training; at all events, it answered him much better than the goose-quill he had been using so long. The stone was of the phosphatic variety, and weighed five and one-fourth ounces Troy weight.

HOSPITAL NOTES.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

(Service of LOUIS A. DUHRING, M.D.,)

PROFESSOR OF DISEASES OF THE SKIN IN THE UNIVERSITY OF PENNSYLVANIA.

Reported by HENRY WILE, M.D.

THE "ELASTIC SKIN MAN."

THIS individual is a study of interest and presents a peculiar dermatological condition which is extraordinary. The subject is a man thirty-five years old, a native of Nuremburg, apparently healthy, and with a skin that appears normal until touched, when one notices some abnormal peculiarity. It is movable, extensible, and elastic on the head, trunk, and extremities, in fact, over the whole general surface. Taking hold of the skin it may be drawn out; as for example, seizing the skin over the sternum, it can be drawn over almost his entire face, or that between the scapula over the back of his head. The distance to which it can be drawn from the surface depends upon the amount of skin grasped. The skin is extremely soft, and none of the movements give him the lĕast pain. The condition is congenital. Pulling out the skin and holding it in front of a light, the circulation of the blood in the skin only is beautifully seen. The condition is supposed to be due to an absence of the subcutaneous connective tissue, but it is a question whether the subcutaneous connective tissue is not present and attached to the fasciæ of the muscles instead of to the corium.

The elasticity is shown by the fact that on drawing out the skin and letting go, it flies back. It is more elastic in some directions than in others—more when drawn transversely to the natural lines than parallel with the lines. As far as my information extends the case is almost unique, there not being another case on record except that of a Spaniard about two hundred years ago.

The forehead wrinkles naturally, and notwithstanding the amount of manipulation that the skin has undergone, it is exceedingly sensitive. This condition exists in lower animals, and particularly in dogs, cats, and rabbits. There is a condition known as dermatolysis, which is analogous to that found in this man; but in this disease there is a state of marked hypertrophy, while here the skin is normal as to structure. As to its classification, it may be placed with dermatolysis.

MEDICAL PROGRESS.

IODINE, EXTERNALLY AND INTERNALLY IN AMENORRHŒA AND DYSMENORRHŒA.—It is rare, says CHÉRON, that amenorrhœa and dysmenorrhœa are not complicated by lumbo-abdominal neuralgia which adds to the painful state of the utero-ovarian apparatus in these affections.

Tincture of iodine freely applied, every two or three days, over the region of the kidneys, acts very much in the same manner as the application of heat, that is to say, it stimulates the centres of vaso-motor innervation of the lumbar portion of the cord, and of the sympathetic, and at the same time tends to relieve the congestion of the genital apparatus. By this congestion the normal uterine flow is interfered with, being retarded or suppressed.

The tincture of iodine alone will suffice when the lumbo-abdominal neuralgia is not internal. If the neuralgia is internal, Chéron employs the morphinated tincture of iodine: Tincture of iodine 30 parts, sulphate of morphia 1 part. Used internally, iodine is, of all the emmenagogues, one of the surest in its action, more particularly in cases of corpulent persons with very white skin, in whom the lymphatic type is predominant. Iodine may also be employed with good effect in the following formula, whatever may be the cause of the menstrual trouble: Tincture of iodine 1½ parts, tincture of aconite 2 parts, syrup of tolu 400 parts. S. Dose, one, two, or three teaspoonfuls before each meal, or one spoonful for three days, two for three days, and three for as long a time as may be desired.—*Revue de Thérap.*, Dec. 1, 1883.

THE SALICYL TREATMENT OF ACUTE RHEUMATISM.—There was a discussion on this subject at the fifty-sixth Versammlung deutscher Naturforscher und Aerzte at Freiburg.

PROFESSOR BAEUMLER reported one hundred and seventy-nine cases, ninety-two males and eighty-seven females. Treatment with salicylate of soda produced the result that the fever lasted but a very short time The salicylate preparations, he said, had a specific action in acute rheumatism, though in some cases the disease was only mitigated. For the prevention of relapses the remedy must be used for a longer time and in smaller doses.

DR. EMMERICH, of Nürnberg, has used ergot with salicylate of soda, as recommended by Schilling, with the result of preventing the severe cerebral and aural symptoms.

PROFESSOR WEIL spoke of his method of using the drug at the Heidelberg clinic. At first he gives, hourly, grs. viij of salicylic acid—later, when the pain has subsided, he used salicylate of soda in solution, in smaller doses. An obstinate case of endocarditis was successfully treated by the salicyl treatment. A patient attacked with acute rheumatism after typhus fever, and treated by salicylate of soda, had very severe dyspnœa. Weil asked whether albuminuria had been observed as a consequence of the salicyl treatment.

PROFESSOR BAEUMLER has seen slight attacks of collapse after the use of the salicylates, redness and cyanosis of the face, and dyspnœa. Great dyspnœa he had seen only once in a pregnant patient, convalescent of pleurisy with effusion, to whom ʒj of salicylate of soda had been given on account of facial erysipelas. He had never seen albuminuria follow the use of the drug.

PROFESSOR RIEGEL thought that salicylic acid acted especially by increasing the blood pressure. He has once seen dyspnœa with cyanosis after large doses of the drug, and thought it due to cardiac dyspnœa.—*Deutsche Med. Wochenschr.*, November 14, 1883.

ENCYSTED PERITONEAL EFFUSION.—DR. G. C. ROY reports the following case.

S. S., male, aged about twenty-two, was first seen on April 8, 1883. About a year ago he violently ran against the shaft of a cart on a dark and cloudy night,

which hit him in the region of the liver and rendered him insensible for an hour. The part swelled up and was painful, and he came on the fourth day to the dispensary for treatment, when the left lobe of the liver was found enlarged, and a fluctuating swelling, supposed to have been the result of a hæmatoma, occupied the central site of the enlargement. Under aconite and antimony, the inflammation gradually subsided, and the improvement continued under iodide of potassium; when no more was heard of him until his second appearance, about two months after the accident, with a swelling larger than before, but painless and without fever. The only inconveniences complained of were weight and discomfort after meals. It was then taken for a chronic abscess, and aspiration was proposed, when the patient took fright and ceased further attendance until the date of the present report. This time the abdomen was bulged out at the upper part and standing in relief—the tumor extending down to the level of the umbilicus, and to the left an inch beyond the median line; it was tense and fluctuating. There was no fever, and he was very much emaciated and anæmic. The lower part of the abdomen was free from any fluid accumulation, and tympanitic. Urine scanty and high-colored, and free from albumen.

On the 9th April it was tapped with a fine needle, and one hundred and twenty-eight ounces of fluid were withdrawn. The fluid resembled that of a hydatid in many particulars, being slightly opalescent, of specific gravity 1009, containing abundance of chlorides and a faint trace of albumen, which increased however in subsequent reaccumulations. The patient was ordered iodide of potassium, gr. v. t. i. d.

By the 29th it filled up again to its original size, and sixteen pints of fluid were evacuated.

The third operation was performed on the 14th May, and the fluid measured fourteen pints. This time two drachms of strong tincture of iodine were injected without causing any pain or smarting.

The tumor filled out again, and he presented himself on the 29th May to have it emptied. He was very much emaciated, and was getting a little fever for the first time. There was no anasarca or jaundice.

Twelve pints of fluid were evacuated, the latter portion being semi-puriform, and two drachms of tincture of iodine were again injected into the sac. The specific gravity of the fluid had risen now to 1015, with abundance of albumen, and under the microscope there were numerous leucocytes and pus cells in the field. I must not omit, however, to state that before the introduction of tincture of iodine the fluid presented under the microscope innumerable long, rod-like substances, the exact nature of which I could not determine. These disappeared and gave way to pus cells after the injection of iodine.

He returned a fortnight after, worse than ever, and almost *in extremis*. At his urgent request, I opened it this time with a scalpel, and introduced a big drainage-tube to keep up a permanent discharge. The fluid was more purulent in character, but devoid of fœtor. He was sent home with a worse prognosis, but the disease now took a favorable turn. For a week every thing went on as hopefully as possible, when the putrefaction of the contents aggravated the fever and threatened septicæmia. He got over it, but ceased further attendance, when I heard he had succumbed; but to my surprise he presented himself two months after, with the tube still *in situ* and discharging. He had gained some flesh and strength, and was able to walk about. His fever had left, and he had good appetite. He was kept under observation for ten days, when the sac was daily syringed out with a weak chloride of zinc lotion. He was discharged with the tube very much shortened, as there were evident signs of the cavity contracting rapidly. It is now six months from the date of his first operation, and he is now well in every other respect, and his liver has become much reduced in size. —*Indian Medical Gazette*, Nov. 1883.

RESECTION OF WOUNDED BLOODVESSELS.—The following case, reported by DR. W. BAUM, differs in its clinical history from that published by Tillmanns (*Berlin. klin. Wochens.*, Bd. xviii., No. 3) in that in this case resection was performed on three bleeding vessels.

H. S., æt. thirteen years, was brought to the Stadt-Lazareth in Danzig, on July 5, 1883. One hour before, while cutting a wooden shoe, the knife slipped, and went into the left thigh. Profuse hemorrhage occurred, but was almost immediately checked by digital compression. Dr. Suchanneck, on seeing the patient, enveloped the limb with a rubber-bandage from the toes upward to the wound, and then applied an Esmarch's tube above. The patient had lost but little blood, the senses were entirely clear, and the strength and pulse were far better than would have been supposed after so severe a wound. After being taken to the hospital, the bandage was removed from the leg, and the wound was seen to be about three-fifths of an inch long, with smooth borders on the inner surface, and very near the middle of the thigh.

After cleaning and disinfecting the leg, Baum extended the wound on both sides. The edges were scarcely ecchymosed, and it was only necessary to remove a few clots in order to see the vessels clearly. The femoral vein was first brought into view, a conical clot closing up the wound in its wall; when this was removed, some bleeding occurred, which quickly ceased on the application of a ligature below and above the wound: the piece between the ligatures was now cut out, about four-fifths of an inch. This resected piece showed two smooth perforations through the anterior and posterior walls, each four-tenths of an inch long. The femoral artery, being wounded, was treated in the same manner. A musculo-articular branch being also wounded was resected, after which, the Esmarch's tube being removed, the wound remained bloodless. The edges of the wound were now brought together, the whole extremity enveloped in an antiseptic dressing from the toes to the hip-joints, and the limb placed in a horizontal position.

The temperature went up to a little above 100° Fah., and during the first few days the patient complained of a slight amount of pain in the limb, but it was not so great as to interfere with his sleep. On the morning after the operation, the toes were somewhat colored, and the last phalanx of the great toe seemed to be anæsthetic, but this entirely passed away by the following day. On August 2d, the patient was discharged, with perfect use of the leg.

Baum also reports the case of a man, æt. 46, who had carcinoma of the penis, with thick carcinomatous glands in the groins. The penis was removed by the écraseur, and the glands in the left groin extirpated. The femoral artery and vein were so involved with the carcinomatous glands that pieces one and one-fifth of an inch were resected from each. About a week afterwards, the glands on the right side were extirpated. No accident occurred, and the patient recovered.—*Berliner klin. Wochenschr.*, October 22, 1883.

ANTIQUE THERMAL ESTABLISHMENT.—There have recently been discovered, at Malon-le-Haut, in Beziers, the perfectly preserved remains of a thermal establishment dating from the first years of the Roman occupation.

Malon le-Haut is still much frequented as a thermal establishment.

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SATURDAY, DECEMBER 29, 1883.

ANNUS MEDICUS 1883.

ABOUT this time retrospection is in order. Each of our readers will no doubt give a few moments of the last hours of the dying year to reflections on his own individual work for the past twelve months and on its net results, and in like manner a few notes on the world's medical work for the same period seem appropriate and desirable.

It has not been an epoch-making year in medicine. There are no startling discoveries, no great International Congress, nor any marked new departures to chronicle; the stream has flowed on quietly, vexed a little into ripples and foam on a few shallow places as usual, but, upon the whole, giving to the journalist, whose business it is to watch it, very satisfactory indications of progress and of power.

In medical literature there has been a slight but distinct increase in quantity; the majority of the numbers of *The Index Medicus* for the year contain from four to eight pages more matter than usual. The high birth-rates of the last four or five years in medical journalism have continued, the total number of new medical journals appearing during the year being fifty-five, and the number which have ceased to appear being fifteen.

In general professional work for the advancement of medical science, one of the most noteworthy features is the effort which is now being made in Great Britain, Germany, and the United States, to organize systems of collective investigation of disease. The fact that coöperative work is a necessity in order to secure a sufficient amount of data for useful reasoning in regard to many obscure points in disease, has long been known, and occasionally referred to by medical writers and teachers; but it is only now that we have reached the stage when it seems feasible to set to work on this line of research.

Investigations connected with the germ theory of disease have continued to attract public attention more than any other features of biological work. The fact that a bacillus is invariably present in true tubercle seems now to be pretty firmly established, and practical use is being made of this for diagnostic purposes. Friedlander's researches on the micrococcus of certain forms of pneumonia indicate a distinct advance in our knowledge of the relations of micro-organisms to disease.

The announcement of the discovery of the specific germ of yellow fever, and of its successful cultivation and inoculation, has been made by Dr. Domenigo Freire, of Brazil, but his results have not been confirmed, and a healthy scepticism prevails as to whether they ever will be.

The care required in such researches, and the caution which should be exercised in drawing conclusions from a limited series of observations, are well illustrated in the report made by Dr. Koch of the results of the investigations made by the German Commission which visited Alexandria during the past summer to seek for the cause of cholera. This report is a model of its kind, and sets forth clearly the initial difficulty which besets researches into the intimate pathology of most of the spreading and infectious diseases of man—viz., the possibility of producing specific effects upon some animal by the cause of the disease, in order to have at command some test of the presence of this cause in a suspected fluid—whether this be a direct pathological product or the result of culture of suspected organisms.

An interesting addition to our knowledge of the effects of micro-organisms is the fact that the peculiar action of jequirity, the new remedy for granular lids and chronic thickening of the conjunctiva, have been found to be due to a peculiar bacillus.

In surgery, the principal triumphs continue to be scored in the field of abdominal surgery. Exploratory operations for diagnostic purposes, the removal of tumors of all kinds, the dilatation of the pyloric orifice of the stomach, etc., illustrate the readiness with which the surgeon now opens the peritoneum and deals with the viscera in ways that but a short time ago he would not have dreamed of.

Setting this class of operations aside, nothing remarkable has marked the progress of gynecology and obstetrics. The supply of new forceps, pessaries, and specula, has been rather below than above the average, and the cervix uteri appears to be enjoying a period of comparative quiet.

It has been a year of low mortality throughout

the greater part of the civilized world. How far this is due to practical sanitary work, and how far it is due to the fact that we have had a comparatively cool summer, with a corresponding diminution in infant mortality, especially in cities, are questions which we cannot discuss within the limits of this note. At all events, the interest in sanitary work appears to be increasing among the general public, and the new profession of "Sanitary Engineer" appears to be an established addition to the various occupations open to educated men.

In the matter of medical education, matters are not yet perfect. The bill to reorganize the system of medical examinations in Great Britain, which was introduced into Parliament as the result of the very elaborate inquiry made by the Medical Acts Commission in 1881, failed to become a law, owing to circumstances which enabled a very small minority to block the wheels of legislation; but there is every reason to think that it will pass at the next session with comparatively little change. In the United States, the example set by Illinois in dealing with the worst of the quacks through the agency of the State Board of Health is being followed in other States, with the result of transferring the most offensive and unscrupulous charlatans to those States which have not as yet adopted measures of self-protection. We are still awaiting the organization of the medical department of the Hopkins University in Baltimore to provide the facilities for higher medical education which are needed in this country. The latest information which we have is that this school will probably be organized in 1885. Meanwhile, the medical schools in our large cities are flourishing, and there does not seem to be the slightest danger of any deficiency in the number of practitioners required to meet all demands.

We have had a little cholera scare during the year, and, although no cases are now reported in Egypt, it is very probable that the end is not yet. From the history of the progress of previous expansions of this pestilence, it is by no means improbable that we shall hear of it in Europe next year, in which case this country will be in serious danger. Yellow fever has prevailed to an unusual extent in Havana and in Vera Cruz, and we have had a touch of it in Florida and Alabama, but, fortunately, it has been found possible to limit its spread. Smallpox has prevailed in epidemic form in Baltimore and New Orleans, and cases are still reported in several of our large cites, but vaccination has been carried out with very considerable completeness, and although winter favors its spread, we have probably no reason to fear any serious outbreak of this disease in the near future.

Turning now to our losses, the list of the dead of the medical profession is perhaps not quite as long as usual, but it includes some distinguished names and old friends. Van Buren and Sims, Farr and Hilton-Fagge, Cloquet and Lasegue, Von Sigmund and Von Bruns, Pacini and Alvarenga, have finished their work and gone each to his own place. The medical department of our little army has been so unfortunate as to lose two Surgeon-Generals during the year—General Barnes and General Crane. But the ranks are closed up—so far as the general public can see the vacant places have been filled, and the column moves on as usual.

PULSATING PLEURAL EFFUSIONS.

PULSATION in pleural effusions, a phenomenon hitherto little understood because insufficiently studied, has been made the subject of an admirable critical investigation by M. COMBY, in the November and December numbers of the *Archives Générales de Médicine* for the current year. Having had the opportunity of personally observing no less than four patients presenting this condition, M. Comby was led to collect the recorded cases. In addition to his own, he was able to find only twenty-three cases, several of which amount to little more than bare mention, a notably small number in view of the fact that pulsating empyema is alluded to in most systematic works on diseases of the chest. The first recorded case is that of Baillou (1570). In all these cases (with the exception of one which appears to have been, not a pleural effusion, but a localized abscess) there was long-standing, large, pleural effusion of the left side. After a period of latency, pulsations synchronous with the ventricular systole are perceived over a more or less extensive area of the wall of the chest in the left side, near the base. These movements are often overlooked until the chest-wall, yielding to the internal pressure, bulges with the formation of one or two pulsatile tumors. These tumors are of varying size, from that of a nut to that of an orange, and are soft, fluctuating, and reducible. Their seat is in front, at the level of the præcordial region, or at the base of the chest posteriorly, a few inches from the vertebral column. In two instances they occupied the left lumbar region.

The author regards the repeated statement that the pulsations are expansile in character as an error of observation associated with the error of diagnosis, to which it corresponds, the absence of true expansile pulsation being, in fact, an important point in the differential diagnosis between these and aneurismal tumors. Auscultation discovers at the seat of the pulsation a double *bruit*, analogous to the heart-sounds, without murmur or thrill. The respiratory murmur, vocal resonance, and vocal fremitus are absent. These tumors, more-

over, are observed to diminish at the moment of inspiration, and to advance with expiration. The left chest is commonly enlarged, the intercostal spaces are widened, and the tissues in the region of the tumor are sometimes œdematous. The heart is displaced to the right, but is not hypertrophied, nor does it show other lesions dependent upon the pleural disease. In some of the cases slight pericardial effusion was present. In several instances the pulsation of the tumors was stronger than the cardiac impulse, and progressively augmented in force as the chest wall yielded. The spontaneous or the surgical evacuation of the fluid is always followed by disappearance of the pulsation, but in all cases the signs of pneumothorax at once appear. The heart tends only slightly to resume its normal position and the lung refuses to expand.

The term *pulsating empyema* is justified by the constant purulent character of the effusion. Pulsation occurs only in pleural effusions that are essentially chronic, and have lasted long enough to flatten and destroy the lung. Hence the prognosis is fatal in all cases, save those in which the pulsation appears in a circumscribed empyema or local abscess in the immediate neighborhood of the heart.

The affections from which we should discriminate this condition are: pulsatile pneumonia, pulsatile cancer of the lung, and aneurism of the aorta; and the diagnosis rests upon those signs which indicate the existence of a massive left pleural effusion associated with the pulsating tumors. Nevertheless it should be cautiously determined, lest a coexistent aneurism of the aorta be present.

The necropsy reveals the lung compressed, hard, fibrous, elastic, impermeable to air, and apparently but slightly vascular. It is flattened against the pericardium and adherent to it. Laennec pointed out the fact that solidification and compression of the lung favor the transmission of the heart's impulse rather than its sounds. Pulsating empyema is due to the forcible transmission of the cardiac impulse by a lung sclerosed and adherent to the pericardium.

We have dwelt upon these facts at some length for two reasons.

First, because the condition always presents the same general characters, whether it arises in subjects disposed to phthisis or already tuberculous, or suddenly in previously sound individuals. A period of long duration characterized by the signs of large pleural effusion constitutes the first stage. During the greater part of this period the lung is capable of again expanding, and the judicious interference of the surgeon may result in cure. The appearance of pulsation marks a second stage, that of complete destruction of the lung and its conversion into a fibrous mass incapable of regaining its functions. Recovery is not now to be hoped for. The evacuation of the pus is followed by pneumothorax; the pus reaccumulates; pulsation recurs; and the former condition is reëstablished.

Second, the lesson in practice is of the plainest nature. The structural changes in the lung which underlie the phenomenon of pulsation in empyema are the result of *prolonged* compression. The period of latency in some cases has been one, two, even three years. A far shorter period than this, a period measured perhaps by as many months, is enough in some individuals to compress the lung beyond all hope of rehabilitation. In cases treated without delay empyema cannot become pulsatile.

The rule of practice in pleural effusions may be thus formulated: so soon as there is reason to suspect the existence of pus, make an exploratory aspiration; so soon as pus is known to be present in an adult, perforate the chest-wall and establish permanent drainage.

RESECTION OF THE FEMUR FOR PSEUDARTHROSIS.

AMONG the operations which the surgeon undertakes with misgiving, if not positive dread, is that of resecting the ends of the fragments for non-union of fracture of the thigh-bone. The procedure is difficult of execution, especially if an attempt be made to connect the freshened ends by means of wire; the subsequent treatment is most trying to one's patience, the failures to effect union are discouraging, and the mortality is by no means inconsiderable. These remarks are the more particularly applicable to the operation as performed in what may be termed the preantiseptic period, since the statistics of Bérenger-Féraud indicate that, of 52 resections done up to 1871, 9 failed, 11 died, and 32 recovered with good union.

That these unfavorable results may be greatly modified by the employment of antiseptics is conclusively shown in a paper contributed to the *Archives Générales de Médicine*, for December, 1883, by DR. MATHIEU. Of the 18 cases which he has collected, including one of his own, 1, or 5.5 per cent., died, 4, or 22.2 per cent., failed, and 13, or 72.2 per cent., were successes. In one of the failures, the result might have been anticipated, as the resected extremities were united with catgut. These figures indicate that the antiseptic resection of the ends of the bone in false joint of the femur is worthy of extended trial after the failure of less severe measures.

VIRCHOW AND THE INFECTIOUSNESS OF TUBERCLE.

IN the discussion which followed the reading of a paper by Falk, on "Inoculation Tuberculosis," before the Berlin Medical Society, on November 21, 1883,

the illustrious VIRCHOW gave at some length his views upon the much discussed question of the infectiousness of tuberculosis, and the relation of the bacillus to it.

Prof. Virchow holds that, from the experiments reported by the author of the paper, we are not justified in claiming for the bacillus tuberculosis infectious properties in the strictest sense. The term "infection," which he was the first to introduce for a large group of diseases, was intended to indicate an agency capable of producing a series of processes which agree in having a transmissible dyscrasic basis, and in that they infect the entire body. The harmful influence is not local, but works prejudiciously throughout the entire organism. Since fungi have been introduced into the category of the infections, where shall we draw the line between those which are infectious and those which are non-infectious? Is thrush an infectious process? Or is favus? The difficulty is that infection and contagion are used as though they were synonymous, while to Virchow they are entirely distinct. To him intermittent fever is infectious, but not contagious; itch is contagious, but not infectious.

As to tuberculosis, Prof. Virchow calls attention to the fact that long before the bacillus was thought of, there was acknowledged to be a form of tuberculosis in which infectious phenomena were apparently present—that is, in the so-called acute miliary tuberculosis. But no one thought there was also a specific poison at the seat of the local alteration. It was admitted that the local processes operate prejudiciously as such, but it was not believed that a toxic infection of the organism is associated with them, affecting the functions of other organs.

Again, it is proposed to compare pyæmia with tuberculosis. But in this disease we must separate the results of the embolus itself from those of other toxic agencies adhering to it, or coexisting with it. Emboli are at times non-irritant and non-infectious, at others irritant and infectious. These facts are not to be overlooked, nor our previous knowledge thus ignored. Until it has been proved that the tubercle bacillus has a general toxic action, or so long at least as we have any reason to believe its action is purely local, we dare not regard it as infectious.

It is evident, from his statement, that Virchow is not a believer in the modern doctrines of tuberculosis, and that for him the bacillus has no causal relation to the disease. He is still a believer in caseous pneumonia. In reply to the question, "Is not caseous pneumonia also a tuberculosis?" he said any one may so term it if he pleases, but to call a process tubercular in which there is nothing tubercular, seemed to him not justifiable. If, again, the question is asked, "are not tuberculosis and cheesy pneumonia both the effect of the bacillus?" even if answered affirmatively, it does not follow that cheesy pneumonia is tubercular. It is difficult for many pathologists to accustom themselves to consider the same thing from two points of view—from its causal and its intrinsic significance. Tubercle is a small nodule. Cheesy hepatization is no nodule, but frequently a diffuse infiltration of lung tissue. If both are caused by the same bacillus, one might, from a causal standpoint speak of them as *bacillar*, but certainly not as tubercular. To take an analogous example, in syphilis there are many anatomical modes of expression. There is the nodular product known as the gumma, but no one would think of speaking of the gumma as identical with syphilitic erythema. Nor would we speak of the syphilitic bubo as identical with syphilitic exostosis, although both are the result of syphilis.

Whatever may be the final solution of the question, we cannot fail to see in these remarks of Virchow the words of a master—of one who has given a lifetime to the study of pathology in its broadest sense, and not to a single field of inquiry, the study of which is so apt to narrow the horizon of the investigator, and to cause him to overlook all facts bearing upon the subject, except those he has himself noted.

TUBERCULOSIS AS THE RESULT OF THE INOCULATION OF INDIFFERENT SUBSTANCES.

IT will be remembered that as far back as 1868 DR. WILSON FOX, in conjunction with Dr. Burdon-Sanderson, published the results of an elaborate series of experiments, which went to show that tuberculosis could be produced by the inoculation of non-tuberculous matter. In view of the recent observations of Koch, Dr. Fox thought it desirable that his own investigations should be repeated. He accordingly asked Dr. Dawson Williams to do so, and at the meeting of the Pathological Society of London, held December 4th, Dr. Williams communicated his results, from which it appears that the results were entirely negative, and the evidence, therefore, was all against the theory that tuberculosis could be produced in any other way than by infection with tubercular matter.

In the discussion which followed, Dr. Wilson Fox said that he now felt that there must have been some fallacy in conducting his own experiments. He was unwilling that his former observations should still be quoted in opposition to the doctrines of Koch, and those who had more recently been working on the subject; and that therefore he felt bound to come forward, and make known the modification which his views had undergone concerning the specificity of tuberculosis.

This public retraction, while withdrawing one of

the strongest arguments against the acceptance of the views of Koch, reflects, also, the highest credit upon Dr. Wilson Fox, who has thus frankly acknowledged that the laborious experiments which he had carried out, and which he had thought established important results are now without weight in the settlement of an important pathological question.

INFLUENCE OF DIABETES UPON THE FEMALE GENERATIVE ORGANS.

THE depressing effect of diabetes upon the generative functions of males has long been known. Recently HOFMIER (*Berlin klin. Wochenschrift*, 1883, No. 42) reported the case of a young woman aged twenty, who had come under treatment for pruritus vulvæ, which was found due to diabetes mellitus. Examination discovered the uterus quite small, scarcely two inches long, and the ovaries, under the expert examination of Schroeder, by aid of etherization, were found very much atrophied. As this young woman was otherwise healthy and vigorous, it was thought that this atrophy might be the result of the diabetes.

REVIEWS.

IMPOTENCE IN THE MALE. By WILLIAM A. HAMMOND, M.D., etc. 8vo. pp. 274. New York: Bermingham & Co., 1883.

IT is by no means an easy thing to review a book like this, for, however scientific it may be, it has a flavor of nastiness about it which makes its study more or less like other disgusting matters, which one avoids as much as possible, and gets through with as quickly as he can. It is, of course, important that the medical man who will be thoroughly furnished shall have accurate notions in regard to the causes, phenomena, and treatment of impotence. But opinions appear to differ as to the amount of detail which is essential to a proper understanding of the subject. Sir James Paget, for example, in his *Clinical Lectures* uncovers the unclean thing for a little while, speaks a few earnest words about its debasing causes, judiciously indicates the combination of moral and physical treatment best calculated to overcome it, and leads his reader back into a less trying atmosphere again before the sense of nausea becomes unendurable. The author of the present book, on the other hand, spreads before the reader a long series of cases, in which example follows example of pederasty, masturbation, unnatural sexual indulgence, the trials of impotent husbands, the confessions of weak moral teachers (who, it is to be hoped, will never hear of the book and learn how it all looks in print), the vagaries of sexual monomaniacs, and the ravings of absolute lunatics. If this book be designed to be a text-book—which appears to be the case—and not a collection of curiosities, we think it would have been the better for a little of the disposition which appears in Sir James Paget's method of handling the same subject. To speak plainly, we think the author has made a mistake in dwelling too much on details which are by no means so instructive as they may prove interesting. We fail to see the advantage to the intelligence, and we think we can see a positive disadvantage to the moral sense of too prolonged a contemplation of the impurities into which men have fallen. The sad fact that men thus fall, is now sufficiently established, and its consequences are pretty well understood, and there is no need to dilate much upon either at the present day.

Another feature of this book which we think demands notice, is the lack of any evident reprobation of the various forms of lust which it describes. On page 112, we are told that masturbating *twice a day* (Italics ours) for a boy of fifteen years, "or even one of any age, was pernicious excess." But nowhere does the author lay stress upon the fact that this unfortunate habit, to which so many boys become addicted before they have any idea of its true nature, is, as Sir James Paget says, "a filthiness forbidden by God, an unmanliness despised by men." The same absence of a proper moral tone seems to be observable in the author's references to fornication; and it even seems a reasonable inference from what he says on pages 198 and 199 that he looks upon it as a justifiable prescription to certain patients. Finally, we will conclude our criticisms with expressing our disapproval of both the matter and the manner of the story on pages 82–84.

It is pleasant, now, to turn from what we cannot approve, to what we find excellent in this book. It contains many facts both curious and interesting, and many suggestions which cannot fail to prove valuable to those who read its pages for instruction. The methods proposed for the treatment of the various forms of impotence are simple and rational, and almost all are entirely within the reach of every practitioner. The way the author uses electricity may not commend itself as strongly to others as it does to him; but the hygienic and medicinal remedies are of the greatest value. The author's experience appears to have been, what we could well suppose, very great. From it he has gathered a mass of facts, and drawn a series of deductions, of much value. These he has set down in a pleasing style, and his publisher has given them the benefit of the best work of the bookmaker's craft. With so much to admire, it is a pity that the book should call for the sort of criticism we have felt it our duty to apply to it at the beginning of this review.

THE INCREASE OF INSANITY IN THE UNITED STATES, ITS CAUSES AND SOURCES. By FOSTER PRATT, M.D. Kalamazoo, Michigan: 1883.

THIS paper, which was read at the recent meeting of the American Public Health Association, should elicit the closest scrutiny. It is an attempt to show that the main cause of this increase is to be found in emigration. The author distinctly formulated the contents of the paper in a part of the preamble and resolutions he offered to the Association. It read thus: "*Whereas*, It also appears that the increase of the aggregate of the insane, and of the increased ratio of their production, are caused mainly by the immigration from Europe of persons inheriting the insane tendency, and also by the transmission to their children, born on our soil, of their mental, moral, and physical defects."

In the first part of his resolutions he further emphasizes this view, and seeks to give force thereto by massing together allied, but yet distinct classes, by speaking of "the large number and undue proportion, according to population, of insane criminals and paupers among our foreign-born population," and of "the coming of these foreign defective and criminal people to burden our resources, and to deprave, by the transmission of their defects to their children, the mental,

moral, and physical qualities of our present and future people."

The paper not only attempts to sustain this view, by its reference to paupers and criminals as assisted by foreign officials, but also uses this remarkable language: "Officials of European municipalities, having charge of their poor, *believe in the law of heredity. They understand its effects, and the poor family, rich in children but tainted with an insane heredity, and likely or liable to become a public charge, is shrewdly selected by these wise officials to leave their country for their country's good.*" (Italics ours.) Here is a distinct allegation. To prove it, it is not enough to show that some beadles, or poor-house officials, have, in a few instances, been guilty of aiding thriftless persons to emigrate, although this needs to be established by incontestable evidence, and in enough instances to show that it is a crime which has been tending towards a concealed system. Although the terms pauper, criminal, and insane are made throughout the paper to aid and abet each other, these are not to be taken as one. The distinct averment is that those "tainted with insane heredity are shrewdly selected by these wise officials." It would scarcely do to aver that persons insane on starting were sent, since such a statement would at once require the production of names and occasions. The only approach to this assertion is that "the social crank, the religious crank, and the political crank, all come—some voluntarily, and many involuntarily." If the paper had been one before a social science congress, in which it had been claimed that our interests required that poor and thriftless emigrants should be refused, it would have been in order to present the reasons. But it will be noticed that on the main point, that of the selection of "insane heredity to send here," or that involuntary social, religious, and political cranks were sent, we have neither names, dates, nor places, and no proof offered.

The fact of the greater ratio of insane among the foreign population is of itself worthy of study, and has not been overlooked. The reference to Mr. Wines, the accomplished social statist and statistician in charge of this part of the census, shows his appreciation of the fact and of the reasons therefor. He learns, as do we all, that it is well to exhibit the relative ratio. But when we come to speak of causes it is not correct to compare the whole population of the United States, with what, as a rule, must be the poorer classes of population when there is emigration. If to-day 100,000 of our poorer classes, those on day labor in the country, and those in the tenement-houses of our cities, should start for Australia and settle there, it is certain from the proportion of defective and insane that we always find among such classes, that in a few years there would be found more cases of insanity than among the long-settled residents. This does not prove selection and intent.

In the very start, the handling of the statistics is not fair for the purpose for which they are used. The result comes from a variety of influences and conditions as alluded to by Mr. Wines. Those too who have had occasion to get statistics as to the poorer classes coming to asylums find it very difficult to get all the facts so that many are put down as *foreign* insane, whose parents only were foreign-born, and in whom no such heredity has been traced. We have no doubt of the industry, the ability, and the earnest presupposition of the author. What we now ask, is that he place in the hands of the various consuls of European nations representing them in this country or of their ministers at Washington, the names, and date and place of arrival of those who, "tainted with an insane heredity, are likely or liable to become a public charge," and "who have been shrewdly selected by these wise officials." Also the names of the various "cranks" officially or "involuntarily" sent. Even, if only the names of five or ten can be sent at a time, let it be within the next six months, so that the facts may take the form of close evidence before the next annual meeting, and be in the shape of testimony.

Surely it is fair to have the accused see and make answer to the evidence. We suspend judgment on the paper now, but when such evidence is furnished, we believe both home and foreign governments will unite in preventing this official selection of "poor families, rich in children, but tainted with an insane heredity," to send to "the land of the free." And when that allegation is shown to be true, the author will deserve the ardent thanks of the friends both of sanitary and social reform.

SEPULTURE: ITS HISTORY, METHODS, AND SANITARY REQUIREMENTS. By STEPHEN WICKES, A.M., M.D. Large 8vo., pp. 156. Philadelphia: P. Blakiston, Son & Co., 1884.

THE object of this book is to attract attention to the importance of a proper regulation of the burial of human dead in this country, and more especially in the large cities. In pursuing this object the author has collected a number of interesting facts in regard to the various methods of disposing of the dead which have been in use in different lands and at different times. He has also narrated a number of cases in which the effluvia from burial places has appeared to be the cause of illness or death. He concludes from the evidence before him that rural cemeteries, properly regulated, and permanently extra-mural, afford all the protection that is necessary to the health of the community. Cremation, he thinks, would be proper if hygiene demanded it; but the question of its adoption is not urgent in this country.

SOCIETY PROCEEDINGS.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

Special Meeting, December 21, 1883.

THE PRESIDENT, S. OAKLEY VAN DER POEL, M.D., IN THE CHAIR.

As the time for the stated meeting for December occurred this year on Christmas eve, a special meeting was held on the 21st, in place of it. The minutes having been read and approved, the report of the Comitia Minora, recommending the election of several candidates for resident membership, was read, and the recommendation adopted; after which the resignations of three members were read, and, on motion, accepted.

DR. H. J. GARRIGUES then read a paper on

THE PREVENTION OF PUERPERAL INFECTION.

He said in the outset that he had no wish to emulate the author of a brilliant paper which had recently been read before the Academy of Medicine, and would, no doubt, attract very wide-spread attention. All that he wished to do was to state in as simple a manner as possible, without any reference to pathological theories whatever, how he had recently been enabled to avoid the dangers of puerperal infection in his service at the Maternity Hospital on Blackwell's Island.

Many years before Pasteur had propounded the germ theory, or Lister had revolutionized the whole practice of surgery, Semelweis, as early as 1847, had introduced the use of chlorine water as an application before and during labor, in his wards at the Vienna

Hospital, and thereby brought down the mortality to a comparatively low figure. Especially after Listerism had begun its triumphant march throughout the civilized world, did antiseptic measures attract attention in obstetrics; and as early as 1870, Stasburg, of Copenhagen, had employed carbolic acid in this connection. For the past eight years he himself had used this agent for washing instruments and the hands, and for making vaginal injections twice a day during the first week after confinement. So pleased had he been with its effects that, when he was appointed to the Maternity at the Charity Hospital, he had introduced its use there; but he had found out by a sad experience that this was not sufficient to prevent the danger of infection. In private practice it was comparatively easy, as a rule, to avoid this; but the lying-in hospital afforded the only crucial test of the efficacy of any means proposed for the accomplishment of this purpose.

The Maternity on Blackwell's Island was not an independent lying-in institution, but simply an adjunct of Charity Hospital. There were usually about twenty women waiting to be confined, and the pavilions in use are quite inadequate for the number of patients. When infection first occurred in them, the patients were transferred to the general hospital, where the condition of affairs soon became worse than it had been in the pavilions, and the women had to be moved back. In 1875 there had been 517 confinements at the Maternity Hospital, with 15 deaths, a percentage of 2.67. In 1876 there were 536 confinements, with 20 deaths, a percentage of 3.78. In 1877 there were 480 confinements, with 32 deaths, a percentage of 6.67. In 1878 there were 225 confinements, with 7 deaths, a percentage of 3.11. In 1879 there were 254 confinements, with 11 deaths, a percentage of 4.40. In 1880 there were 149 confinements, with 8 deaths, a percentage of 5.37. In 1881 there were 382 confinements with 9 deaths, a percentage of 2.36. In 1882 there were 439 confinements, with 14 deaths, a percentage of 3.25. While none of these deaths were attributable to other causes, there could be no doubt that the great majority of them were due to hospitalism. In the first three months of 1883, when he himself had been the attending accoucheur, there were 108 confinements, and of these patients 11 had died. During the six months of his term of service, from the first of October till the last of March, there were 192 confinements Out of these, 46 of the women, or about one in four were seriously ill, and 39, or about one in five, suffered from inflammatory puerperal disease.

When he came on duty again, the 1st of October, 1883, the condition of the hospital was no better, nine patients having died during the previous month. In the mean while the bichloride of mercury had come prominently into notice as an antiseptic, and he now determined to give it an extended trial. He did not depend on this alone, however, but adopted several other means of preventing infection in addition. In the first place, he divided his service into two departments, one for the well and one for the sick, and also employed rapid alternation in the use of the wards. Each patient was allowed to remain in the pavilion where she was confined for eight days after labor, and was then transferred to the convalescent ward. The doors between the different wards were kept locked, all chinks were carefully filled up, and the doors to the water-closets provided with springs. As soon as a ward was vacated, it was fumigated with burning sulphur, twenty pounds of sulphur being used for the large wards and fifteen for the small ones. Every article of furniture was then washed with a solution of bichloride of mercury (1 to 1000), and fresh bed-clothes and new straw for the beds provided. In all the wards large demijohns of the above solution were kept. For the hands, it was undiluted, or with a small quantity of warm water added to it in cold weather. For use about the patients' persons, the solution was diluted one-half, and in case of post-partum hemorrhage, it was employed very hot. At the commencement of labor, the patient was given an enema and a bath, after which at least two quarts of water containing the bichloride of mercury were injected into the vagina by means of the fountain-syringe. A glass reservoir was used, with a long rubber tube leading from it, to which was attached a straight glass tube. When it was necessary to use a intrauterine injection, a curved glass tube was used instead. In cases of tedious labor, the vaginal injection was repeated every three hours. Both physicians and nurses were required to wash their hands with soap and water, employing a large, stiff nail-brush, and, before touching the patient, to let the hand rest for a minute in a solution of the bichloride. As few examinations as possible were to be made by either physician or nurse, and the former was especially charged not to put his fingers into the os uteri. No emollient was used, except when operations were performed, when glycerine was used in connection with bichloride solutions. It was preferred to carbolized oil, as the glycerine itself was possessed of antiseptic qualities.

When the head appeared at the vulva it was covered with lint, and after the expulsion of the child the genitals were kept carefully covered with the same. The placenta was then expressed by Crèdé's method. Intrauterine injections were employed only in cases where it had been necessary to introduce the hand or instruments into the uterus. He never allowed any part of the placenta or membranes to remain in the uterus, and he considered the introduction of even the whole hand (if done with proper care), much preferable to running the risk of hemorrhage or septicæmia by not removing any portion of them retained. The curved glass tube, used for intrauterine injections, was fifteen inches in length, and contained a large opening at the extremity, in addition to eight holes at the side. It differed from Dr. Chamberlain's tube in being of smaller calibre (one-fourth of an inch in diameter), and in having an opening at the end, as well as a greater number of apertures at the side. The advantage of having it of smaller calibre, was that it could be used in cases of abortion where the os uteri was not very largely dilated, as well as at a comparatively late stage of the ordinary puerperal period, when the os had become contracted. The open end permitted the injection to impinge directly upon the fundus, while the numerous holes at the side, all being within a distance of four inches from the extremity, insured the thorough washing of the uterine walls by antiseptic fluid. When the intrauterine tube was used directly after confinement, it was held in position by the fingers, but if at a later period, and signs of inflammation had developed, he was in the habit of first introducing into the vagina a Cusco's speculum, which brought the parts into view, and through which the tube was passed into the uterus. At the Maternity Hospital on Blackwell's Island, diphtheritic exudation was a very frequent result of puerperal injection, and the patches in the vagina could thus be readily observed.

After this digression, Dr. Garrigues returned to the consideration of a supposed case of normal labor. As soon as the placenta was delivered the vulva was covered by the nurse with a piece of lint eight by six inches, doubled on itself lengthwise, so as to make it when folded three inches in width. Over this was placed a piece of oiled muslin nine by five inches, and over this again a large pad of oakum. The whole dressing was then covered with a piece of muslin eighteen inches square, the edges of which were folded

over so as to form a kind of boat; the ends of the boat being finally fastened to the binder in front and behind by means of safety-pins. This dressing was put on with the same care that would be used in that of a wound after a capital operation, and it was renewed four times in each twenty-four hours, twice by the day-nurse and twice by the night-nurse. Before changing it the nurse was always required to bathe her hands in the antiseptic fluid. When such a dressing as this was properly employed it rendered all vaginal injections unnecessary, and thus, he believed, one of the greatest dangers of septic infection was avoided.

For, at least, eight days no visitors whatever were allowed to see the patient, and this rule included even clergymen, unless the woman was in a precarious state. Formerly he had found it necessary to exclude from the wards medical men from outside also; but since the introduction of his present plan of treatment, he thought there was but little risk in admitting physicians, and he trusted, therefore, that in the future such clinical facilities could be afforded in this institution as are now felt to be one of the chief wants in medical training in the city of New York.

All the physicians and nurses connected with the lying-in ward were forbidden to enter either Charity Hospital or the dead-house. At present he employed carbolic acid only in the case of instruments, as the solution of bichloride of mercury was found to corrode metallic instruments, and also to become weakened thereby. In one or two cases, slight eruptions had been caused by the wash of bichloride of mercury, but in no instance had the use of the drug been abandoned. Some of the nurses complained at first of its making the hands sore, but the trouble was at once relieved by the application of glycerine. Under the present *regime* the lochia were kept sweet, and the wards had entirely lost the unpleasant odor which was formerly so characteristic a feature of them. The vulvar dressing was kept up as long as the patient remained in bed. If there was any case of protracted non-puerperal disease, it was removed at as early a date as possible to the wards of the Charity Hospital.

As to the results obtained, he continued, out of ninety-seven cases of confinement since the first of October, not one had proved fatal, and only six of the patients had been at all ill. Of these, two suffered from perimetritis, three from metritis, and one from eclampsia. The latter was the only one who was at all seriously sick, yet some of the labors had been quite severe—two cases of version and one craniotomy being included in their number. In two cases only had there been any rise of temperature; whereas formerly this had been noticed in from one-third to two-thirds of all the cases. The physicians and nurses were now no longer over-worked as formerly, while the patients were bright and cheerful, instead of being despondent. For the good results noticed he was greatly indebted both to the house-surgeon and the head nurse, who had carried out all the details of the plan adopted with great care. The bichloride had great advantages over carbolic acid and other disinfectants. In the first place, it was a much more reliable antiseptic; and, secondly, while free from odor itself, it was an excellent deodorizer. It affected the skin of the hands much less severely, and was also much cheaper. In fact, the whole treatment had been proved to be very economical, for the cost of the materials used was very trifling when compared with that of the immense quantities of quinine, morphia, and whiskey formerly consumed in the wards.

In private practice he thought some slight modifications might be made in the treatment. It would be sufficient to change the vulvar dressing three times a day. When intrauterine injections were necessary a tin tube would be preferable to a glass one, as it was flexible, and this was an advantage in case of abortion.

It might be offered as an objection to this paper that the time in which the plan of treatment had been carried out was too short to prove anything; but he thought the change in the condition of the patients and of the wards was so sudden and so marked that it could be attributed to this cause alone. If the same careful attention were paid to details, he believed that the same good results could be continued indefinitely in the future. Finally, the reports from other hospitals in which similar plans had been adopted, corresponded in the results shown. The secret of success he considered to depend mainly upon (1) the use of the bichloride of mercury as an antiseptic, and (2) the exclusion of the air by the vulvar pad.

DR. MURRAY remarked that the paper was of special interest to him, as he had been Dr. Garrigues's immediate predecessor at the Maternity Hospital. In the three months of his service, 96 women had been confined, and out of these no less than 14 had died, although four of the deaths are not attributable to puerperal disease, the exact puerperal mortality was, therefore, 8 out of 96. The fever which he had noticed prevailing was very similar to that which was met with in the lying-in wards of Bellevue Hospital six years ago. Puerperal peritonitis was seldom seen, but there was a good deal of puerperal diphtheritis. The exudation would commence at the vulva and then extend up through the vagina, but seldom entered the cavity of the uterus. If the disease was protracted for a fortnight, however, it was very likely to involve the uterus. The symptoms are not very marked at the onset of the attack, and the temperature was not often above 100° for the first few days. After that it became more or less intermittent.

If the vulva were exposed at an early period of the disease, one could watch a slight blush come over any excoriations that might be present. Within twenty-four or forty-eight hours (though sometimes a slightly longer period) this would be succeeded by an ashen hue, and the diphtheritic exudation would be sure to be formed. With this immediately ensued typhoid symptoms, and in some cases the patients became semi-comatose. Various kinds of treatment were employed, and carbolic acid yielded fairly good results, although the fever was by no means controlled.

In a certain ward almost every case was attacked with puerperal diphtheria, and though it was disinfected as thoroughly as possible, the same result was noticed afterward. When Dr. Garrigues came on duty a new ward was given him, which had not been used for a year, and he thought that this circumstance might possibly have had something to do with the absence of mortality which he had reported. Thus, in Charity Hospital upon the establishment of the Maternity, it had been generally found that when a new ward was occupied, which had not been in use for some time, there was a great improvement for a week or so. Still, while this might have had some effect, he questioned whether the remarkable results which Dr. Garrigues had spoken of would have been obtained without the strict attention to details of treatment which he had carried out so faithfully. It would be very difficult to do the same in private practice, he thought, yet the material part of the plan might be adopted, and in case there were any lesion of continuity iodoform or a solution of the bichloride of mercury could be applied.

When carbolic acid was applied locally it almost invariably produced a marked tenderness of the part, which was afterwards followed by lack of sensibility. Yet when the slight slough which it occasioned had separated, he had seen a diphtheritic deposit appear and spread to all the points with which the acid had

come in contact. Even when the parts had been actually cauterized this had been the case. The difference between a hospital like the Maternity and private practice was so great that to an outsider the strict precautions recommended would seem almost unnecessary.

DR. W. GILL WYLIE said that about six months ago he had read a paper before the County Medical Society on the same general topic, and he was glad to find that Dr. Garrigues did not contradict anything that he had said on that occasion, but only added confirmation to the statements that he had made. He was a thorough believer in antiseptic midwifery, and had commenced to practise it when an interne of Bellevue Hospital in 1871. During his term of service in the lying-in ward he had attended thirty-six confinements, and the only death that occurred was the result of convulsions. Since then he had employed antiseptics in every case which he had had in private practice. It was his plan to wash out the vagina with a solution of carbolic acid (one to thirty, or one to fifty), and to carbolize all the bed-linen. He insisted on having two sets of blankets, and at least thirty-six napkins. He had never had a single case of puerperal fever, and had never even seen any rise in temperature during the first few days after delivery, except in one case, where there was a dry labor, and it was necessary to use forceps.

The only instances of increased temperature which he had met with were in cases of mastitis after the eighth day. He would now use the bichloride of mercury. He could not agree with Dr. Murray in the opinion that there was not much necessity for preventing infection in private practice. A physician might have a long series of cases without any fever, but unless precautions were taken, it was liable to occur sooner or later.

DR. GILLETTE remarked that he had been connected with the maternity service of Charity Hospital for twelve years, and he thought that there could be no question as to the importance of all the suggestions which had been made in the paper of the evening, though there might, perhaps, be some discussion in regard to some of the methods proposed. As being the latest germicide, the bichloride of mercury was now highly lauded, and all must bow down to it; though he was not convinced that it was more valuable than some other agents. He had not, however, as yet used it himself. As regards Dr. Garrigues's dressing for the urethra, theoretically it was excellent; but he did not see how it could be of any benefit practically, since it could not be kept in absolute contact with the parts, and hence there was abundant opportunity for the entrance of any germs which might be in the air.

He trusted that the good results obtained by the Doctor would be permanent, but at the same time he thought he ought not to be too sanguine. He was sorry that he had not commenced his account of the Maternity with the year 1875, or just after the obstetric patients were removed from Bellevue to Charity Hospital, in consequence of the fact that puerperal fever had been epidemic in the wards of the former for years, and all efforts to break it up had failed. Finally, the mortality had become so great that this step was resolved upon, and forty patients were transferred to Charity Hospital.

At that time, Dr. Gillette said, he was in sole control of the lying-in wards there, and although the women were saturated with hospital influences, under the effect of extraordinary cleanliness only one case of puerperal fever occurred among them. Nothing was then known of Listerism, and nothing was done in the way of antiseptic treatment except the adoption of carbolic acid baths. During the year six hundred and thirteen confinements occurred, and among the whole number only two cases of puerperal septicæmia were met with. Cleanliness he considered the real secret of success, and he thought the fact that Dr. Garrigues commenced his service in a new ward had no little to do with the good results which he had obtained.

DR. ALEXANDER HUNTER said that he found himself quite in accord with the author of the paper in his views. In regard to the vulvar compress employed, however, he agreed with Dr. Gillette. If the space to be covered were two or three inches in width, he could see how it might be of service, but as in reality the thighs of the patient were ordinarily in direct contact with each other, he did not think it possible for the compress to exclude germs. He then spoke of the superior advantages, in his opinion, of the metallic tube of Dr. Lyman, of Boston, for intrauterine injections, when these were required. He also preferred the Davidson syringe, with its intermittent strain, to the fountain syringe recommended by Dr. Garrigues. In private practice he would be quite willing to dispense with the pad and depend on vaginal injections, together with the partial saturation with solution of bichloride of mercury of the napkin usually laid between the thighs.

DR. BARUCH spoke in unqualified disapproval of all antiseptic injections after normal labor, and proceeded to give his own experience with them. During the last twenty years he had attended some nine hundred cases of confinement, and among them had met every sort of complication. In the whole number there had been but one death preceded by febrile symptoms, and in this he believed that no septic influence was concerned. His experience with prophylactic vaginal injections was comparatively limited, but it had been sufficient to cause him to resolve to give the method a wide berth in the future. It was by the paper of Dr. Wylie, to which he had referred, that he had been induced to make trial of them, and in the next cases which he attended, he made use of an injection of a three per cent. solution of carbolic acid, night and morning. Yet in six cases, which were all faithfully syringed, he met with four which were undoubtedly of septic character.

Dr. Baruch then went on to say that there was now quite a reaction against the use of prophylactic injections in Germany, and quoted from Fehling, of Stuttgardt, and other authors. He thought the objections to their use well founded. In the first place, he held the opinion that the puerperal woman ought to be kept perfectly quiet, and this was impossible when injections were made every few hours. Secondly, it was impossible to make them without giving rise to a certain amount of pain and nervous disturbance. Thirdly, there are very few nurses who know how to give an injection properly. In the fourth place, the injections were liable to displace clots, and thus give rise to hemorrhage, or else open avenues for infection. Finally, they might also loosen adhesions. He believed that simple cleanliness before, during, and after labor, was all that was necessary, as a rule, and that vaginal injections should never be used except in cases where there was danger. In Germany, iodoform pencils, made up with glycerine and starch, had recently been used with excellent results, and their adoption here (two or three only being required in the whole course of the puerperal period), might, perhaps, open a satisfactory way out of the dilemma in which we were placed by the advocates of injections.

DR. GARRIGUES then brought the discussion to a close. In regard to the suggestion that the success which he had met with might be attributable in a great measure to the new ward in which he began his service, he said that while it was true that there was one new

ward, there were two others which had been in constant use, and each of the three was used for the lying-in-women in rapid alternation. In one of these wards there had been some particularly bad cases, and one of them had ended in erysipelas. He agreed with Dr. Wylie as to the necessity of taking every precaution even in private practice here in New York, where the skilful obstetricians met with cases of puerperal fever. In regard to the vulvar dressing, he said that it had been designed with special reference to the parts to which it was to be applied, its width being really just the distance between the thighs, and it had seemed to him to serve a very admirable purpose when properly adjusted. Dr. Gillette had not understood him correctly, for it was in the year 1875 that he had commenced to give the statistics of the lying-in department of Charity Hospital, and it was from Dr. Gillette's own report that he had quoted the figures of that year—five hundred and seventy confinements and fifteen deaths; which was certainly a great improvement over the previous mortality at Bellevue.

(Dr. Gillette had left the hall before the time of Dr. Garrigues's closing remarks.)

As a rule, he was strongly opposed to intrauterine injections by way of prophylaxis, but after labors in which the hand or instruments had been introduced into the uterus, or where there was a dead child (one which had been dead some time), he thought they were advisable. Vaginal injections he did not think so dangerous, especially in private practice; but with the compress which he had described they became superfluous. One of the great advantages of the use of the latter was, that the nurse had very little to do with the genitals. Tarnier, of Paris, was the first to use bichloride of mercury in obstetric practice, in June, 1882.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Stated Meeting, December 5, 1883.

THE PRESIDENT, ALFRED STILLÉ, M.D., IN THE CHAIR.

DR. CHARLES W. DULLES, presented some

CRITICISMS ON THE SPECIFIC THEORY OF HYDROPHOBIA.

The theories as to the nature of hydrophobia, he said, are contradictory and illogical; the teachings as to its treatment are without the slightest hope of success. In regard to both, the ablest men who have discussed it occasionally or systematically are in irreconcilable opposition. While some hold to certain modes of communication, others strenuously deny them. While some admit its spontaneous origin, others will not admit it for a moment. While some think the virus is to be found in the saliva, the blood, the bronchial mucus, the milk, the flesh of rabid animals, others limit it to the first of these alone. In regard to the period of incubation the widest divergence of opinion exists. The range is from one day to forty years, and no one seems to have been able to fix a limit to either its shortness or its length. Equal contradiction meets the gaze when one turns to the matter of treatment. From the throwing into a fish-pond, as practised by Celsus, to the inhalation of oxygen, as recently practised by Drs. Schmidt and Zebeden, there is a variety of methods which demonstrates how utterly every attempt to find a specific has lacked the guidance of any accurate idea as to the nature of the disorder. To almost any statement of men whose names are highly respected in medicine, may be opposed the most positive and contradictory statements of others equally respected.

The prepossession of a theory which, at the outset, demands a certain surrender of the judgment will impair the freedom of the judgment at every subsequent step. Such, it seems to Dr. Dulles, is the condition in which every believer in the specific nature of hydrophobia stands. The assumption of a specific virus which, and which alone, is the originator of the disease in any individual compels its adherents to bend their judgment to accept the belief that there is a virus which behaves in a way contradictory to that of every other virus about which we have any positive knowledge.

One might suppose that such a contradiction would lead observers to be constantly on the look-out to find some other way of explaining the phenomena of hydrophobia, and that everything that was presented as evidence in support of it would be subjected to the most rigid scrutiny. But the literature of the subject shows that the very opposite is the case. The *post hoc propter hoc* argument is the one which rules here. A careful perusal of a large number of recorded cases leaves the impression that they have not been studied with any idea that they might be something else than what they appeared to be. Though it is no secret that the dread of water is a symptom of a great variety of affections, one finds over and over again the ablest men resting a diagnosis on this which is acknowledged by most systematic writers to be the least reliable of its signs. Another thing which has struck Dr. Dulles in examining the records of cases is the readiness with which reporters, aware of the objection, so often raised, of the effect of mental influence, accept the statements of friends or the silence of patients in regard to it as evidence that it does not exist.

Another curious thing, to be observed in the literature of hydrophobia, is the way in which the madness of the dog is often—one might say usually—deduced from the diagnosis of hydrophobia in the man; instead of the diagnosis of hydrophobia being made to rest upon reliable evidence that the dog was really mad. It is uncommon to find any proof whatever that a dog to which hydrophobia is attributed was rabid, this being, with rare exceptions, a pure assumption. The one phenomenon of a dread of water usually determines the conviction of the physician that he has a case of hydrophobia before him, and settles his opinion of any dog that may ever have bitten the patient, and cannot now be accounted for. Nay, more, this mode of reasoning has led certain writers to the assertion that there may be a passing state in dogs in which they may communicate to a human being hydrophobia, but themselves recover. Thus is the struggle to support the specific theory kept up when circumstances seem to be most adverse to it.

Dr. Dulles finds in the recorded cases—with very rare exceptions—that, when once hydrophobia is suspected, every phenomenon that occurs during life, every lesion that is found post mortem, is unhesitatingly set down as a feature of this disorder; and the idea does not seem to be entertained that many of them are grounds of suspicion that some other disorder is present. In this way, all lines of distinction between hydrophobia and disorders which simulate it are erased; and it remains for every medical man who is called to a patient who has a dread of water, accompanied with exaltation of reflex excitability, to inquire for a bite or scratch of a dog or cat; if one cannot be drawn out, to assume that it has been received and forgotten; then to make a diagnosis of hydrophobia, after which it is only necessary for the patient to die, to make a complete record. If to this be added a careful microscopical examination of the state of the brain and spinal cord, the observer will have an exact counterpart of the process by which the famous con-

clusions of certain investigators—often quoted by those who have not taken the pains to go to the evidence upon which they are founded—were arrived at.

Concerning the pathological lesions of hydrophobia, he said that they all tend to confirm the opinion that as yet no gross or microscopical lesion has been discovered which can be regarded as pathognomonic of rabies or hydrophobia.

In closing, he said, "I have now been engaged for nearly two years in a laborious study of the evidences upon which the general belief in regard to hydrophobia rests, and I have been gradually led to certain convictions different from those with which I started, and which I feel it my duty to make public. One of these is that hydrophobia is not a specific, inoculable disease, derived from the bite of a similarly affected animal. Another is that if we wish to have an accurate, scientific knowledge of what too often actually takes place, and is usually called hydrophobia, we must begin the study of it unprejudiced by the views heretofore generally entertained in regard to it, and with canons of criticism very different from those heretofore deemed sufficient.

"I know that these convictions are not novel, and that they have been stated and defended with arguments before. I know, too, that they have heretofore failed to secure the assent of the greatest men, who in every generation have adorned the profession of medicine. None the less, however, do I believe them to be true, and that the time will come when they will not be —as they have been in the past—characterized as too absurd to be discussed, or decried as too dangerous to be tolerated."

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, December 20, 1883.

THE PRESIDENT, FORDYCE BARKER, M.D., LL.D., IN THE CHAIR.

DR. CHARLES HEITZMAN read a paper entitled

A REPORT ON THE PROGRESS OF BIOLOGY IN EUROPE.

He commenced by saying, that when in the years 1872 and 1873 he enunciated his new views, doing away with the universally accepted doctrine, and substituting a different structure, both for single elements and the whole animal body, he did not expect an immediate approval by the entire scientific world. In order to make out satisfactorily this newly described structure, both an unusually well trained eye and unusually good lenses were required.

One of his very first claims, he said, had been in regard to protoplasm, which had always before been regarded as structureless, but which he had found to have in reality a well-marked reticulated structure. He had claimed that this network building up the nucleus and the nucleoli was the living matter. The second proof to him was that all new formation started from the points of intersection in the living matter. In consequence of the novelty of these views, he had been very anxious to learn what the opinion of the best microscopists in Europe was in regard to them. Many, he found, had adopted them, but there were some exceptions, such as Klein, of London, who had objected to his assertion that the contained substance was liquid, while the whole was ensheathed by a continuous membrane of living matter.

Many years ago Beale, as was well known, claimed that the nucleus alone consisted of germinal matter. To-day, he continued, we saw that the nucleus was nothing more than the reticulum in more compact form. The reticulum was especially prominent in mucous elements, but in every instance the very best lenses were required in order discover it.

Having referred to the objections of Spina, of Prague, he went on to say that in 1872 he had announced, contrary to the views of the advocates of the cell doctrine, that the so-called intercellular substance was not destitute of life, but endowed with the same life as the ensheathed elements. He had demonstrated this first in cartilage, and in order to do so had employed unusual agents, such as nitrate of silver and chloride of gold. On this was based a new view of the structure of the whole animal body. If the so-called cells were of the same structure as the intermediate or basis structure, the whole being was the same uninterruptedly from the crown of the head to the sole of the foot. The facts on which this theory was based were now acknowledged by many observers.

Spina, of Prague, had demonstrated, by his observations of the omentum of the frog, the undulating motion in the basis substance, and in his last publication he had definitely announced that the time had now arrived to give up the cell doctrine. Stricker, in the last volume of his *Pathology*, gave a chapter to the explanation of all the facts bearing on the matter, in which he agreed with himself, and gave him full credit for his discoveries; distinctly admitting that there was no difference, as regards life and the power of reproduction, between the reticulum and the cells proper.

Both Recklinghausen and Stricker now denied the wandering corpuscles of Cohnheim. From his own researches he had seen enough to convince him that there were in reality no migrating corpuscles. If, therefore, his views are correct, the whole subject of the pathology of inflammation would have to be altered. Stricker had contended for twelve years against Cohnheim's teachings, and in 1873 he had called attention to the point that pus never produces new tissue.

Then passing on to the subject of tuberculosis, he said that experiments had been made in Vienna which fully confirmed his own views on the subject. In 1873 he had stated that from the examination of the lungs of three hundred persons who had died of tuberculosis, he believed it to be a strictly constitutional disease, and later he had declared that the whole trouble could be explained on the ground that it occurred only when there was already a lack of living matter for the reproduction of blood corpuscles. In tubercle there are no bloodvessels whatever. It seemed to him that the growth which Koch called bacillus merely found a favorable place for development in those affected with tuberculosis. He himself had observed that the mucus from the nose of a perfectly healthy individual, when allowed to stand for a few days, swarmed with the tuberculous bacillus. When he was in Stricker's laboratory in Vienna, there was not the slightest doubt that the bacillus was not the cause, but a product of tuberculosis. But this view, he acknowledged, was held in Vienna alone. In Berlin all were fully convinced that the bacillus produced tuberculosis; and the same was also true in regard to London. At present, therefore, the question was one which did not as yet permit of a conclusive settlement.

In conclusion, he said that he had reason to be pleased with the results which he had observed in Europe.

DR. WILLIAM H. WELSH stated that he was at variance with Dr. Heitzman in regard to almost every point upon which he had touched. In regard to the structure of protoplasm, he thought that Frohman was clearly entitled to priority. It was true that he had not described its distinctly reticulated character with the same fulness as Heitzman, but he had first pointed out the existence of fibrillæ. In regard to the character of the

nucleus, in the next place, he could not at all agree with Dr. Heitzman. To him, as to most observers, it appeared to be of an entirely different nature from the surrounding structure. But the essential point of Heitzman's theory was the structure of epithelial tissue. This was a question that was still *sub judice*, and he thought that the general verdict of microscopists in regard to the new doctrine at the present day would be, "not proven." Heitzman and Stricker stood almost entirely alone in their peculiar views as yet. Finally, he took issue with Dr. Heitzman in regard to the subjects of tuberculosis and inflammation.

Drs. Elsberg and others then spoke, and the discussion was brought to a close by Dr. Heitzman, after which the Academy adjourned.

NEWS ITEMS.

BERLIN.

(From our Special Correspondent.)

A SECOND CHOLERA REPORT FROM KOCH.—A second report of the Cholera Commission, dated Suez, 10th of November, mainly confirms the former statements. The last post-mortem examination, made in Alexandria, furnished the same bacilli in the intestinal walls as were before noted, but the inoculation-experiments, although modified and multiplied in every way, were equally of no result whatever.

The Commission then left Alexandria for Cairo, Damietta, and Suez. At all these places important inquiries were made about the origin of the last epidemic, the results of which, although seemingly quite positive, are spoken of with due reserve. Of the greatest epidemiological interest was an excursion on board the Egyptian steamer "Damanhur," bound, with hospital equipment, for the quarantine harbor at Tor. Five hundred pilgrims, coming from Djedda, reached this place the day after the arrival of the Commission. Although the ship-surgeon declared them all healthy, a certain number proved ill from choleraic symptoms, and were immediately sent to the quarantine hospital. Returning from a trip to El Wedj some days later, the Commission found that another ship had arrived also with some sick pilgrims, and that the cholera had broken out in both camps, three pilgrims from the first, and one from the second ship having died. A thorough disinfection followed this excursion.

During their sojourn in Egypt, Dr. Koch and his assistants have attentively studied the water-supply and filtration, the influence of the level of the Nile upon the course of the epidemic, the methods of interment, the pollution of the soil by cesspools, the meteorological conditions, etc.

Valuable researches were also made on dysentery, on the prevalence of tuberculosis in Egypt, and on some parasitic diseases (Distoma hamatobium, Anchylostoma duodenale, Filaria sanguinis).

EGYPTIAN OPHTHALMIA.—The examination by the Commission of fifty cases of Egyptian eye-disease gave evidence that two different processes are confounded under this name. The one, of a more malignant character, is caused by a species of bacteria, similar to, and perhaps identical with, the micrococci of gonorrhœa. The other form, less serious, is characterized by the presence of very small bacilli in the interior of the pus cells.

The members of the Commission express themselves very much indebted to the Khedive for having granted them the opportunity to visit the quarantine harbors.

CINCINNATI.

(From our Special Correspondent.)

THE HOLIDAY VACATION.—Our medical colleges have closed for a vacation of two weeks. The societies, also, will hold no sessions until after the holidays.

A NEW HOSPITAL FOR CHILDREN will be opened on New Year's Day. It is to be known as the Episcopal Hospital for Children, and will be under the supervision of a board of managers consisting of ladies from the Episcopal churches of the city. Dr. William Carson will take charge of the medical cases, and Dr. N. P. Dandridge, of the surgical. The building appropriated for use as a hospital was formerly a residence, and is located in East Walnut Hills, a delightful place for it, but so far removed from the more densely populated parts of the city that its usefulness, especially to the poor, will necessarily be limited.

The Children's Hospital that was established a few months ago, and to which reference was made at the time in THE MEDICAL NEWS, is doing all that was anticipated of it, and it has been filled almost to the limit of its capacity ever since it was opened.

SCURVY IN THE COUNTY JAIL.—Several cases of scurvy have occurred of late in the Hamilton County Jail, in this city. Aside from the clinical interest arising from the appearance of a disease so rare in this part of the world, the cases are arousing still greater interest because of the ill-treatment of the prisoners, which their occurrence implies. The chief diet of the prisoners has been soup, salt meats, and corn-bread, with almost no vegetables. These articles, the prisoners say, were prepared so as to be palatable, but were so deficient in quantity as to leave them in constant hunger.

THE OHIO STATE SANITARY ASSOCIATION will hold its first meeting in Columbus, February 14th and 15th. It is anticipated that some action will be taken toward securing the appointment of a State Board of Health.

BOSTON.

(From our Special Correspondent.)

HOSPITAL FOR INCURABLES.—Another charity whose inauguration was also mentioned in THE NEWS at this time last year, is the Hospital for Incurables. This institution, whose scope and work thus far are very similar to those of the Philadelphia Hospital for Incurables, was established by a lady whose life for many years has been wholly and incessantly devoted to work among the poor—Miss Cordelia Harmon—and who lived only six months after having thus nobly crowned her unselfish life. Resources, she had absolutely none. Nearly the entire amount by which the hospital thus far has been supported was raised by Miss Harmon alone. She engaged and furnished the house during the rare intervals of leisure in her busy life, and since the hospital was opened it has, in a small way, been a success. Sixteen patients, all of them women, have been received. But the necessities of the public are so pressing that a meeting was called this week to disscuss the feasibility of enlarging and developing this vigorous nucleus. A preliminary committee was appointed, with authority to form a new organization, consisting of managers, and visiting committee, and other lay officers. Since Miss Harmon's death the administration of the charity has rested wholly upon one or two individuals, who are responsible to nobody. All this will be changed, the hospital will be incorporated, and a call made for funds in such amount as will at once give the institution a strong basis and perma-

nent status. The need of such a refuge on a large scale is sadly apparent in Boston. The City and Massachusetts General Hospitals, by their charters, are not allowed to give admittance to chronic cases. During the past five years the first of these hospitals has refused admittance to more than *thirteen hundred* "incurables." The Massachusetts General Hospital does not so strictly classify cases refused, but does record a yearly average of five hundred persons who could not be admitted because in condition of chronic disease.

The public need of a hospital for incurables in this city has been publicly recognized by the Trustees of the Massachusetts General Hospital, who, in their report for 1881, published in 1882, express their sense of this need, and also their willingness to receive funds toward the establishment of a hospital. This position of the trustees has heretofore been somewhat of a stumbling block in the way of the friends of the Harmon Hospital, for they found that the public were waiting to see what the Massachusetts General Hospital intended to do for incurables, and, therefore, in many cases, refused to contribute to the younger hospital. They naturally preferred to help incurables through the older institution. Becoming aware of this, and considering the obstacle to their own success a serious one, the workers for the little hospital for incurables now in operation, appealed to the Trustees of the Massachusetts General Hospital, asking their protection for the infant hospital. After due consideration, pending which the matter was referred to a special committee, the Trustees formally declined to accept the younger hospital, and for the following reasons:

At Somerville, the Massachusetts General Hospital has two hundred insane patients in a locality which formerly was one of great beauty and extreme quietude. Progress has encircled this place with railroads and factories of various dimensions, which have succeeded in converting this peaceful retreat into a most unhygienic pandemonium. The trustees of the hospital, therefore, feel it a matter of duty to move their insane department to their lands in Belmont, in which town their Convalescent Home is now in operation. To do this will involve a large outlay. There was a period during which the Somerville property, if it had been converted into cash, would have gone far toward meeting the cost of new buildings at Belmont. As it is, however, the Somerville real estate has largely depreciated in value, and consequently nothing can be done for the insane patients of this hospital until more funds have been raised. For this reason the trustees feel that while this prior claim upon their treasury exists, they cannot appeal to the public for funds on behalf of the generally incurable. If they ask at all, it must be for the insane. For years to come then they can give no thought to the care of incurables. The day may come when they can see their way to doing so, but they have left the hospital for incurables to do its best independently of their protection. It is hoped that this decision may become generally known, for it would thus both directly and indirectly be a help to the new hospital. The public would soon learn that incurables were to be cared for by only one institution and their money would flow that way.

The subject of further accommodations for consumptives (for whom there is at present inadequate provision) is also being agitated. Many, however, feel that it would be a mistake to multiply the number of small institutions. The proper course would be a generous contribution to the hospital for incurables, say half a million of dollars. This would make it perfectly easy to provide for consumptives as well as for general cases.

EGYPTIAN RAGS.—Surgeon-General John B. Hamilton, of the Marine-Hospital Service, has made arrangements, through the State Department, for the thorough disinfection of all Egyptian rags stored in Alexandria, and bound for the United States. This disinfection is to be performed before the rags are shipped, and will consist in steaming them, and subjecting them to such other disinfectants as may be found necessary to purify them.

MEDICAL LEGISLATION IN NEW YORK.—We are informed that, at the ensuing meeting of the State Assembly of New York, a bill is to be introduced at the request of the Buffalo Medical Society, providing for a State Medical Board which shall have the sole power to issue licenses to physicians to practise in the State. The Board is to consist of six physicians, two homœopathic practitioners, and one eclectic member. It is now stated that the irregulars, while favoring the general purposes of the measure, are already preparing to oppose the bill unless more equitable representation is granted their school.

LARGE DAMAGES FOR LIBEL.—Last year Dr. McLean, Demonstrator of Anatomy in the Medical Department of the State University, and a well-known surgeon, was charged with criminal relations with a lady patient from Canada, who sought his advice, the publication being made in *The Evening News*, an afternoon paper of Detroit. Dr. McLean sued the newspaper for libel, which it undertook to justify, but the jury rendered a verdict of $20,000 damages. The case was appealed to the Supreme Court, which last week affirmed the judgment of the Court below.

NEW MEDICAL BARONETS.—The Queen has conferred the honor of a baronetcy on Mr. Joseph Lister, F.R.S., F.R.C.S., and Mr. William Bowman, F.R.S., the eminent ophthalmologist.

PROF. OWEN.—Prof. Owen's state of health and his advancing years have necessitated his resigning his appointment as Superintendent of the Natural History Departments of the British Museum, which he has held with so much distinction for more than a quarter of a century. Prof. Owen's services to science are well known. In the questions which now perplex and divide biologists, he has maintained the position of a conservative naturalist of the pre-Darwinian epoch, and been regarded as somewhat behind the age. But all his contemporaries will acknowledge, and the most eminent of them most readily, that his place is among the foremost of those who have illustrated science and advanced its pursuit in England.

INTERNATIONAL CONGRESS AT ROME.—The European powers have signified their acceptance of the invitation to meet at Rome for the purpose of holding a Sanitary Congress.

PROFESSOR PAJOT.—By a decree of November 17, M. PAJOT, Professor of Midwifery, has been transferred at his own request to the Chair of Clinical Obstetrics, recently made vacant by the death of Prof. Depaul.

GERMAN LIBERALISM.—A French journal, *L'Hygiène Pratique*, has been recently interdicted in Germany in the following words: "This journal, founded in 1882, and edited by a committee of savants and vulgarians, such as MM. Pietra Santa, Camille Flammarion, Louis Figuier, W. de Fonvielle, Henri de Parville, Félix Hément, Dr. E. Monin, Dr. Ed. Barré, etc., is applied solely to the popularizing of sanitary science without

treating at all of questions of policy." This action, says a French journal, is only to be explained by the inconceivable hatred for every thing that is French.

ORIGIN OF THE WORD "CHARLATAN."—It is generally admitted that the word "charlatan" is derived from the Italian word *Ciarlare*, to chatter, to prate. It appears that up to the 16th and 17th centuries the word was pronounced "chiarlatan." A German journal gives its etymology differently: a Paris physician, Latan, went through the town in a chariot containing his drugs, and in which he examined his patients. This caused the expression "Voila le Char de Latan," which was subsequently corrupted into "charlatan."

VITAL STATISTICS OF ENGLAND.—The quarterly return of marriages, births, and deaths in England, ending September, 1883, shows the resident population of the United Kingdom to be 35,639,060 persons; that of England and Wales being 26,770,744, of Scotland 3,825,744, and of Ireland 5,042,572. Total births in the United Kingdom 271,892 children, deaths 148,827, and marriages 119,428. Birth-rate, 30.3; death-rate, 16.6; marriage-rate 13.4. The annual death rate from diarrhœal diseases as compared with continental cities is given as follows: In twenty-eight large English towns, 2.1 per 1000; Breslau, 8.2; Munich, 8.4; Brooklyn, 8.7; Berlin, 11.3.

PHOTOGRAPHY IN HOSPITALS.—A photographic studio has now been attached to most of the French hospitals, for photographing the sick persons at different times. The rapid dry-plate process is employed. An electrically operated camera, devised by Prof. Charcot, of the Saltpêtrière, is very useful in taking, in rapid succession, a series of views.—*Med. Times and Gazette*, Dec. 1, 1883.

HEALTH IN MICHIGAN.—Reports to the State Board of Health for the week ending December 15, 1883, indicate that puerperal fever has increased, and that intermittent fever, influenza, remittent fever, rheumatism, and inflammation of bowels, have decreased in area of prevalence.

Including reports by regular observers and others, diphtheria was reported present during the week ending December 15th, and since at twenty places; scarlet fever at eighteen places; and measles at twelve places.

NOTES AND QUERIES.

THE METRIC SYSTEM.

To the Editor of THE MEDICAL NEWS.

SIR: In reading a letter of Dr. Prentiss in THE MEDICAL NEWS, on the use of the metric system of weights and measures in prescribing, one cannot fail to perceive what perfect exactness ought to ensue from its adoption, if grains, drachms, scruples, etc. could be suddenly annihilated and erased from the tablet of our professional memory. Alas for the "if"! As Touchstone says, "There's great virtue in an if." The metric system at present does not give that boasted exactness which it ought; and for it to be attained, the old system must be wiped out utterly, the whole mass of medical literature revised; in fact, we must forget that there ever were such things in existence as grains, scruples, etc. Until such a state of things does come to pass, which is highly improbable, the metric system fails to be an exact one in prescribing, and is only an approximate one. In the District of Columbia there are but few druggists who have and use the metric weights and measures. That they all pride themselves on being able to translate or convert one system into the other is true, and it is just here lies the error which makes the metric system an approximate one instead of an exact one.

Take the first prescription of Dr. Prentiss:

℞.—Morphiæ Sulph.		1 06
Hydrat. Chloral.		6 00
Syr. Aurant Cort.		25 00
Aquæ,	*ad*	100

In looking over ten tables, giving the equivalent of a grain in centigrammes, I find seven different values, the lowest, 0.05; the highest, 0.07; and for the ounce, four values, the lowest, 30, the highest, 32 grammes.

Now in the prescription above, the druggist must work back the centigrammes into grains, if he have not the weights, which he generally does not. In fact, it is a question if three druggists would produce the same result. One might get less than a grain if he takes .07 = 1 grain; a second, a grain if he takes .06 = 1 grain; and a third, more than a grain if he use .05 gm. as equivalent for a grain. The amount in either case would be an approximate one; the difference small—not enough to do harm, but possibly enough to prevent good. The physician is in the same condition of perplexity if he wishes to write for a grain in the metric system. From one table of comparative equivalents he will find his grain = .05; in a second, .06; and in a third, .07. By the time the physician has settled upon his equivalent, and then the druggist upon his, it will take some time to find out the unknown quantity in the prescription. These are well worn and old objections, but I think they still remain opposed to the reputed exactness of the metric system. In fact, upon the blank form of the doctor's, the statement 1 grain or 1 minim = .06, as explanation of how the metric system may be utilized, is not exact, but a close approximation.

C. F.

To the Editor of THE MEDICAL NEWS.

SIR: In your issue of Nov. 24th, I notice an answer by Dr. Prentiss to a protest against the use of the metric system in prescribing. I think he neglects some of the beauties and simplicities of the metric system, and venture to criticise the critic.

I think his prescription looks better in this shape:

℞.—Morphiæ Sulph.		10
Olei Menth. Pip.		50
Acid. Hydrocyan. Dil.		1
Chloroformi,		3
Tr. Cannab. Indic.		20
Tr. Capsici,		20
Glycerini,		20
Alcohol,	*ad*	100

M. S. 10 cc. every four hours, etc.

Medicine glasses graduated to five, ten, and twenty cubic centimetres could be used, and should be used when active and dangerous remedies are prescribed.

Even if dessertspoonfuls are ordered, there can be more "rounding off" in the prescription of Dr. Prentiss; for instance, 3.50 and 25, instead of 3.60 and 24. This would be easier for the druggist, and more in the spirit of the metric system. When this system is used, it is certainly simpler to order five, ten, or twenty doses, of five, ten, or twenty cubic centimetres each, than ordering eight, twelve, or sixteen doses. The amounts are more easily ascertained, and it is more "metric."

Again, in writing for a five per cent. solution of carbolic acid, I would write:

℞.—Acid. Carbolici,		5 grammes,
Aquæ,		95 "

Not 100 grammes of water, as Dr. Prentiss directs.

As long as the use of the metric system is not compulsory, its use in prescribing will, I think, remain very limited.

Respectfully,

E. F. TIEDEMANN, M.D.

O'FALLON, ILL., Dec. 3, 1883.

THE MEDICAL NEWS *will be pleased to receive early intelligence of local events of general medical interest, or of matters which it is desirable to bring to the notice of the profession.*

Local papers containing reports or news items should be marked.

Letters, whether written for publication or private information, must be authenticated by the names and addresses of their writers—of course not necessarily for publication.

All communications relating to the editorial department of the NEWS *should be addressed to No. 1004 Walnut Street, Philadelphia.*

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